Item No. 126**TOWN OF LAUDERDALE-BY-THE-SEA****AGENDA ITEM REQUEST FORM****ADMINISTRATION**

Department Submitting Request


John Olinzock

Dept Head's Signature

<u>Commission Meeting Dates</u>	<u>Last date to turn in to Town Clerk's Office</u>	<u>Commission Meeting Dates</u>	<u>Last date to turn in to Town Clerk's Office</u>	<u>Commission Meeting Dates</u>	<u>Last date to turn in to Town Clerk's Office</u>
<input type="checkbox"/> Nov 10, 2009	Oct. 30 (5:00 p.m.)	<input type="checkbox"/> Jan 26, 2010	Jan 15 (5:00 p.m.)	<input type="checkbox"/> March 23, 2010	Mar 12 (5:00 p.m.)
<input type="checkbox"/> Dec 1, 2009	Nov 20 (5:00 p.m.)	<input type="checkbox"/> Feb 9, 2010	Jan 29 (5:00 p.m.)	<input type="checkbox"/> April 13, 2010	April 2 (5:00p.m.)
<input type="checkbox"/> Dec 8, 2009	Nov 25 (5:00 p.m.)	<input type="checkbox"/> Feb 23, 2010	Feb 12 (5:00 p.m.)	<input type="checkbox"/> April 27, 2010	April 16 (5:00p.m.)
<input checked="" type="checkbox"/> Jan 12, 2010	Dec 31 (5:00 p.m.)	<input type="checkbox"/> Mar 9, 2010	Feb 26 (5:00p.m.)	<input type="checkbox"/> May 11, 2010	April 30 (5:00p.m.)

NATURE OF AGENDA ITEM

- | | | |
|--|---|--|
| <input type="checkbox"/> Presentation | <input type="checkbox"/> Resolution | <input type="checkbox"/> New Business |
| <input type="checkbox"/> Report | <input type="checkbox"/> Ordinance | <input type="checkbox"/> Manager's Report |
| <input checked="" type="checkbox"/> Consent Agenda | <input type="checkbox"/> Public Hearing | <input type="checkbox"/> Attorney's Report |
| <input type="checkbox"/> Bids | <input type="checkbox"/> Old Business | <input type="checkbox"/> Other |

EXPLANATION: Commission Approval of Special Event Permit Application for "Walk/Run Against Hunger" Event, on Sunday, 28 February 2010 at 8:00 AM till 10:30 AM, to Waive \$100.00 Application Fee, and to Provide Sponsorship Donation of \$100.00 to the Event.


STAFF RECOMMENDATION: See Memorandum Dated 29 December 2009.

BOARD/COMMITTEE RECOMMENDATION: N/A

FISCAL IMPACT AND APPROPRIATION OF FUNDS: N/A

- | | |
|---|--|
| <input type="checkbox"/> Amount \$ _____ | <input type="checkbox"/> Acct # _____ |
| <input type="checkbox"/> Transfer of funds required | <input type="checkbox"/> From Acct # _____ |
| <input type="checkbox"/> Bid | <input type="checkbox"/> Grant <input type="checkbox"/> Amount represents matching funds |

Town Attorney review required


☐ Yes ☒ NoTown Manager's Initials: 

**Town of Lauderdale-By-The-Sea
Administration**

MEMORANDUM

Date: 29 December 2009

To: Esther Colon, Town Manager

From: John Olinzock, Assistant Town Manager 

Re: Special Event Permit Application
Walk/Run Against Hunger – 5 K Walk 2010
Sunday, 28 February 2010, 8:00 AM till 10:30 AM

I have solicited review of the attached special event application submitted by the Galt Ocean Mile 5 K Hunger Awareness Walk/Run (applicant) from BSO Police, Development Services, and Parking Enforcement (reviews attached). The Town Commission must consider the following items:

- The applicant has requested that the \$100.00 application fee be waived.
- The applicant is requesting a \$100.00 Sponsorship Donation from the Town.
- Applicant must provide more complete information regarding the locations of the runner/walkers stations to be placed in the Town during the event.
- Signage placed by applicant shall not obstruct rights-of-way or obstruct safe sight vision lines, and shall comply with Town Code. The Town Commission must specifically authorize any exceptions to signs or use of banners. Signage and banners placed on State roadways must comply with FDOT requirements.
- A completed indemnification and Hold Harmless agreement must be submitted by the applicant along with certificate of insurance.
- Trash receptacles shall be placed and removed by applicant at various locations within the area of the event. Trash removal is responsibility of applicant.

Please let me know if you require further information.

John Olinzock

From: John Olinzock
To: Angelo Ceden
Cc: Oscar Llerena
Subject: FW: Town of LBTS - Walk/Run Against Hunger 2010
Attachments:

Sent: Mon 28-Dec-09 2:45 PM

Angelo,

Thank you for the phone update. As last year, there will be no specific requirements.

John E. Olinzock
Assistant Town Manager
Town of Lauderdale By-The-Sea
4501 Ocean Drive
Lauderdale By-The-Sea, FL 33308-3610
954-776-0576

From: John Olinzock
Sent: Mon 28-Dec-09 12:37 PM
To: Oscar Llerena
Cc: Angelo Ceden
Subject: Town of LBTS - Walk/Run Against Hunger 2010

I know you are both out, but have you had a chance to review? My agenda setting deadline is this Thursday, and I am out of office as of tomorrow.

Last year, you had no specific requirements during the event. Will it be the same?

John E. Olinzock
Assistant Town Manager
Town of Lauderdale By-The-Sea
4501 Ocean Drive
Lauderdale By-The-Sea, FL 33308-3610
954-776-0576

INTEROFFICE MEMORANDUM

TO: JOHN OLINZOCK, ASSISTANT TOWN MANAGER
FROM: JEFF BOWMAN, DEVELOPMENT SERVICES DIRECTOR. *JB*
SUBJECT: SPECIAL EVENT PERMIT APPLICATION (WALK/RUN AGAINST HUNGER, 5K, 2-28-10)
DATE: 12/23/2009

The permit application for the event listed above was reviewed by Development Services staff and has concluded the following:


1. Identify exactly where the stations will be located at the intersection of Commercial Blvd. and El Mar and also at Pine Ave and El Mar Drive on the site plan. (Will they be located within a metered space, within the median, or within the swale?)
2. Certificate of Insurance required.
3. Provide additional waste receptacles at stations.

Town of Lauderdale-By-The-Sea
Administration

MEMORANDUM

Date: 22 December 2009

To: Oscar Llerena, BSO District 13 Chief
Jeff Bowman, Development Services Director
Joan Garrett, Parking Enforcement Supervisor

From: John Olinzock, Assistant Town Manager 

Re: Special Event Permit Application
Walk/Run Against Hunger – 5 K Walk
Sunday, 28 Feb 2010, 8:00 AM till 10:30 AM

Please find attached the referenced application for your review. Provide me written recommendation as soon as permissible so that application may be placed on a future Town Commission agenda for approval

Please let me know if you require further information.

Attachment – Special Events Application

*In reviewing the Special Event Walk/Run Against Hunger
the Parking Dept. finds no Parking Problem
12/24/09*



COOPERATIVE FEEDING PROGRAM A LIFENET4FAMILIES

FOOD • COUNSELING • TRAINING • EMPLOYMENT

A request for sponsorship

Be an important part of the **2010 GALT OCEAN MILE**
Campaign to reduce hunger in Broward County...

We are proud to announce that 4th annual **GALT OCEAN MILE FOOD DRIVE** will be held during the **Month of MARCH, 2010** to benefit the Cooperative Feeding Program.

The Food Drive will begin with a special 5K Hunger Awareness
"Walk/Run against Hunger" **Sunday, February 28th** The Food Drive
will continue during the **Month of MARCH**.

We would ask **The City of Lauderdale By The Sea** your help to assure
that our annual food drive event is memorable, a celebration of the
thousands of lives affected by CFP and the promise of a brighter future
for even more people who need our help. We are hoping that we can
count on your generosity to sponsor our event application (\$100) as an
Event Sponsor. Your tax deductible donation will go a long way to help
end hunger in Broward County.

In return for your generosity, you will receive recognition on all event
publicity, event banner, the event T-shirt, which each participant will
receive.

A sponsorship form is attached for your convenience. Upon return of the
form with & corp. logo, we will again contact you to arrange for your
sponsorship and other promotional considerations. If you have
questions or require further information, please contact Scott Woodburn,
CFP Development Director, (954-629-7381, Fax 954-792-9982 or email
Scott at scott@feedingbroward.org.

Please help the Cooperative Feeding to continue to serve the community.
In a recent study in 1 of 6 Broward Residents is Hungry. We still have a
lot of work ahead of us.

On behalf of the 102,000+ clients served and fed in 2009, the
Cooperative Feeding Program and the 2010 Galt Ocean Mile Food Drive
Committee -thank you for your support

With gratitude.

Domenic Faro, CFP President
Fort Lauderdale Real Estate
Food Drive Chairman

Scott A Woodburn
Cooperative Feeding Program





COOPERATIVE FEEDING PROGRAM A LIFENET4FAMILIES

FOOD • COUNSELING • TRAINING • EMPLOYMENT

A request for you to

Be an important part of the **2010 GALT OCEAN MILE**
Campaign to reduce hunger in Broward County...

Event Sponsorship & Underwriting Commitment Form

Sponsor & Contact Name: _____

Address: _____

City, ST, ZIP: _____

Phone: e-mail: _____

Please choose:

___ Title Sponsor - \$2,500

___ Presenting Sponsor - \$1,500

___ Gold Sponsor - \$500

___ Silver Sponsor - \$250

___ **Bronze Sponsor - \$100** **Town of Lauderdale By The Sea**
Event Application Sponsor

Please accept our donation of \$ _____

TOTAL to be charged or enclosed: \$ _____

Please make checks payable to: *Cooperative Feeding Program and
please include corporate logo.*

Please charge my ☐ VISA ☐ MC ☐ AmEx

Card #: _____

Exp. Date: _____

Signature: _____

Thank you for supporting the GALT OCEAN MILE FOOD DRIVE and the
Cooperative Feeding Program!

Contact Information: Scott Woodburn, 954-629-7381, or
scott@feedingbroward.org

1 NW 33rd Terrace, Ft Lauderdale, FL 33311

With gratitude.

Domenic Faro

Fort Lauderdale Real Estate



**Request for Taxpayer
Identification Number and Certification**

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name COOPERATIVE FEEDING PROGRAM	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Other 501(c)(3) <input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.) 1 NW 33 TERRACE	Requester's name and address (optional)
City, state, and ZIP code FT LAUDERDALE, FL 33311	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								
		+		+				

or

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number											
5	1	9	+	1	2	6	9	6	4	5	1

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

**Sign
Here**

Signature of
U.S. person



Date **10-1-07**

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:


1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Town of Lauderdale-By-The-Sea
Administration

MEMORANDUM

Date: 22 December 2009

To: Oscar Llerena, BSO District 13 Chief
Jeff Bowman, Development Services Director
Joan Garrett, Parking Enforcement Supervisor

From: John Olinzock, Assistant Town Manager 

Re: Special Event Permit Application
Walk/Run Against Hunger – 5 K Walk
Sunday, 28 Feb 2010, 8:00 AM till 10:30 AM

Please find attached the referenced application for your review. Provide me written recommendation as soon as permissible so that application may be placed on a future Town Commission agenda for approval

Please let me know if you require further information.

Attachment – Special Events Application



SPECIAL EVENTS APPLICATION

This completed application must be submitted with a \$100.00 application fee to: Office of Municipal Services, Town Hall, 4501 Ocean Drive, Lauderdale-By-The-Sea, Florida 33308-3610, for approval 60 days prior to the date of the event (an approved certificate of liability insurance must be received 30 days prior to the event date.) This application is available on the Town website at www.lauderdalebythesea-fl.gov.

Phone: 954-776-0576

Fax: 954-776-0578

All special event applications are subject to approval of the Town Commission. The Special Event Permit, when issued may state conditions which must be met for the event to be held. The applicant shall be responsible for securing and paying for all licenses, and permits required by any governmental agency having jurisdiction, and providing the Town evidence of all required insurances.

DEC 22 2009

PLCP DIVISION

1. Name of event: **GALT OCEAN MILE 5K HUNGER AWARENESS WALK/RUN**
2. Day and date of event: **SUNDAY, FEBRUARY, 28, 2010** New event ☐ Returning event ☒ **3RD ANNUAL**
3. Location where event will be held: **From WINN DIXIE to end of Del Mar and return**
4. Description of Event: **5 K Walk/Run**
5. Name and address of sponsor or hosting organization **COOPERATIVE FEEDING PROGRAM, 1 NW 33RD TERRACE, FT Lauderdale, Florida 33311**
6. Name(s) of local contact person(s) who will be present each day of the event: **Scott A Woodburn**
Mailing address: **% Cooperative Feeding Program, 1 NW 33rd Terrace, Ft. Lauderdale, Florida 33311**
Daytime phone#: **954-629-7381** Evening phone#: **_same_** Mobile phone#: **_same_**
Email: **_scott@feedingbroward.org** Fax#: **_954-792-9982_**
7. What is the actual beginning and ending time of the event? **_8AM – 10:30AM** Start of set-up time? **7:30AM**
End of tear-down time? **10:30AM**
8. What type of audience is the event planned for? **Socially conscious folks who want to help fight hunger in Broward County**
9. How many participants do you anticipate? **_300_** spectators? **_** adult volunteers? **_30_**
10. Are there fees for the participants or spectators? **\$10 donation** Will fees be collected on-site? **_YES_**

DETAILED SITE PLAN (required)

11. A detailed site plan must be included with the application. Draw a plan on page 6 or attach separately to this application. Identify any street closures or public parking areas affected. Briefly describe the proposed route for parades, runs, walks, etc and include route on detailed site plan. **See Attached**

STREET CLOSURES

12. Are you requesting that any public streets be closed for the event? Yes _____ No X

If yes, indicate the streets and blocks and times the closure is requested:

TRAFFIC CONTROL/BARRICADES

A traffic control contractor may be required for events which require barricades or traffic control signage.

13. Please list your traffic control contractor, if applicable: **We will use our volunteers** _____

VEHICLE LOADING/UNLOADING

14. Are you requesting that vehicles be permitted to load/unload in non-metered areas? NO

If yes, please indicate the location and times loading and unloading would occur: _____

PARKING

Include detailed site plan indicating how on and off street parking will be accommodated. Information on signage must include location, colors, size and number of signs. Indicate signage to be placed in any right of way that directs traffic to the event and their approximate size. If you are requesting that vehicles be permitted to drive or park on Town property, please indicate the type(s) of vehicles, the locations, and times they would be parked. Applicant shall be responsible for restoration of any damage to Town property N?A

15. Are you requesting use of Town parking meter spaces for the event? Yes _____ No X

If yes, provide the meter numbers on the site plan and purpose for which they will be used.

Unless the parking meter fees are waived by the Town Commission, all fees must be paid at the beginning of the month of the event.

SIGNAGE

Will signs be erected for the event? Yes X No _____ Number of signs 1 Size 24 sq.ft.

Location of signs @ START & FINISH WINN DIXIE PARKING LOT

Locate signs on detailed site plan.

OFF DUTY POLICE/CODE COMPLIANCE OFFICERS

Off duty police officers are required for street closures, events with alcohol, or large crowds, as determined by the Sheriff's Department. Applicant is responsible for additional code compliance officers to ensure compliance with Town codes.

16. Do you anticipate hiring off duty police/code compliance officers for your event? Yes _____ No X

ANIMALS

17. Any exhibition or similar undertaking in which animals are required to participate in performances for the amusement or entertainment of an audience is subject to Town Commission approval. Are animals included in your event? Yes _____ No X

SOUND SYSTEMS

18. Request to use amplified sound on public property-the following is requested:
_____ Amplified sound/speaker system _____ Live music _____ Recorded music

CLEAN UP AND TRASH REMOVAL

Clean up of the event area immediately following the event, including trash removal, is the responsibility of the applicant.

19. Please name the contractor or organization, including phone number who is responsible for:

Clean up of the event site: event volunteers

Removal of trash from the event site: Event volunteers

TOWN UTILITIES

Electrical power and/or water supply is the responsibility of the applicant. A fee is required, paid in advance, to use Town utilities. Indicate generators and fuel storage locations on the detailed site plan.

20. Will the event require the following on public property? **NO**

_____ Electrical power-Describe use: _____

_____ Water – Describe use: _____

VEHICLES ON PARK GROUNDS N/A

21. Vehicles are not allowed to drive or park randomly on the turf of Town property or park grounds due to extensive underground irrigation systems that sustain damage when vehicles drive across them.

RESTROOMS (refer to item #9)

22. Will additional restroom facilities be brought to the event site? NO If yes, how many? _____

A Broward County permit is required for portable toilets. The number of portable toilets required for events with fewer than 1500 participants is as follows; 1 toilet per 75 males, 1 per 40 females. Ratio of male to female is 50/50. Separate male and female handicap accessible restrooms are required. Business locations that exceed the required # of restroom facilities may count the extra facilities toward calculating the total number required. For additional information, please contact the Building Department at 954-492-1830.

TENTS/CANOPIES/STAGES

Tents, canopies (larger than 120 sq.ft. or multiple tents without separation) and stages require a Broward County Permit, contact Broward County.

23. Please indicate if any of the following will be assembled at the event and locate on the site plan.

 Tent (size: x) Canopy (size x) Stages Bleachers

The use of tents requires a review by the LBTs Fire Marshal, with approval labels attached to the tents and canopies. Tents are generally defined as temporary structures having two or more sidewalls or drops. Rental agencies must provide documentation of the flame spread labeling for submittal with application. Stages and bleachers must include product approvals that are supplied by the manufacturer.

FIREWORKS (Fireworks require a separate permit approval process and application)

24. Are you requesting approval to discharge fireworks at the event? Yes No

FOOD

25. Will food be served at the event? Yes **X** No If yes, is the food provided:

Free of charge **X** Available for purchase Non-Profit **X** For profit

Please list the types of food you are serving: Fruit, coffee, begals, water

Cooking Equipment: Fryers? Charcoal Grills? Propane Grills? Concession trailers?

Open fires? Warmers? Sterno? Smokers? Hoods? Refrigerators?

Are you requesting approval to offer other items for sale at the event? Yes No **X**

List other items

EVENT CONTRACTOR

26. Please name your event contractor, if applicable: Cooperative Feeding Program, 5K Event Committee

ALCOHOL

27. Are you requesting that alcohol be served or sold at the event? **NO**

If yes, please provide copy of appropriate State license.

PERMISSION OF THE PROPERTY OWNER

28. An event held on property that is not owned by the applicant requires the permission of the property owner. Include a notarized affidavit in the permit submittal including the beginning and ending dates.

RIDES (rides may require a State of Florida inspection)

29. Are rides to be included in the event? Yes _____ No X

Types: Mechanical/Electrical _____ Inflatable (bounce house etc.) _____ Manual (slides, trampolines) _____

Include a copy of the contract(s) with any provider of rides, mechanical devices and amusements.

FIREWATCH

30. If determined in the review of the application, the applicant must provide for a fire watch and/or an EMS Crew during the event. Large events or those using combustible materials may require qualified stand-by personnel and the appropriate equipment.

LICENSES

31. Copies of State and County licenses for vendors and contractors, as required.

INDEMNIFICATION

32. Applicant shall indemnify, defend and hold harmless the Town, its officers, agents and employees, from and against any and all claims, suits, actions, damages, liabilities, expenditures or causes of action of any kind arising directly or indirectly from this Special Event and resulting or accruing from any intentional act or any negligent act, omission or error of Applicant which in turn results in or relates to injuries to body, life, limb or property sustained in, about or upon the Special Event Area, and arising from the use of the Town property.

Applicant shall defend, at its sole cost and expense, any legal action, claim or proceeding instituted by any person against the Town as a result of any claim, suit or cause of action accruing or in any way arising out of this Special Event Application for injuries to body, life, limb or property as set forth above.

Applicant shall save the Town harmless from and against all judgments, orders, decrees, attorneys' fees, costs, expenses and liabilities incurred in and about any claim, and the investigation or defense of them, which maybe entered, incurred or assessed as result of the foregoing.

STATEMENT OF BENEFIT

33. If the applicant is seeking sponsorship/co-sponsorship from the Town of Lauderdale-by-the-Sea, a Statement of Benefit is required by Town Code and must be submitted with application.

-- --

Insurance Certificates or Binders establishing proof of coverage of general liability insurance listing the Town of Lauderdale-By-The-Sea as additionally insured must be provided for permit to be issued.

By signing this event application, the petitioner agrees to all terms, conditions, and indemnification in this application, and understands that this application is not permission to violate any laws, ordinances or statutes. The Sheriff's Department has the authority, in the interest of the public welfare, safety, or order to terminate the event without notice. Additions and/or revisions to this application shall be submitted in writing.

Scott A. Woodburn

Applicant's Signature (required)

12/11/09

Date

SCOTT A. WOODBURN - DEV DIRECTOR

Applicant's Printed Name and Title/Organization

954-629-7381

Telephone Number

Cooperative Feeding Program

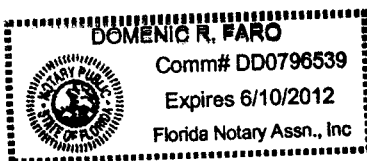
STATE OF FLORIDA:
COUNTY OF BROWARD:

SWORN TO AND SUBSCRIBED BEFORE ME, a Notary Public of the State of Florida,

by SCOTT WOODBURN who is personally known to me/provided _____ as
identification and who did/did not take an oath.

Domenic R. Faro
Notary Public, State of Florida

My Commission Expires:



DETAILED SITE PLAN

A detailed map of the event site **MUST** be drawn here or attached to this application.

The following must be identified and labeled:

1. The site of the event (label streets, etc.)
2. Routes for races, parades, etc.
3. Fencing (if known) X—X—X
4. First aid facilities +
5. Restroom facilities (incl. portable)
6. Parking (location and number of spaces)
6. Canopies, tents, stages
7. Alcohol serving/consuming areas
8. Barricades (if known)
9. Off duty police officers (if known)
10. Rides and Amusements
12. Signs (location, size, color and wording)

